

**MAINE STATE BOARD FOR LICENSURE OF ARCHITECTS
LANDSCAPE ARCHITECTS AND INTERIOR DESIGNERS**

Application for Licensure & Examination

Mail To: 35 State House Station
Augusta, ME 04333-0035

DATE RECEIVED _____

For Office use Only:

Overnight Mail:

122 Northern Ave., Gardiner, ME 04345
TEL(207) 624-8522 **FAX**(207) 624-8637
TTY(207) 624-8563

Amount: _____

Check #: _____

Cash #: _____

Make checks payable to: "TREASURER STATE OF MAINE" ALL FEES ARE NON-REFUNDABLE

✓ **LICENSE TYPE:** ☐ **ARCHITECT** ☐ **LANDSCAPE ARCHITECT** ☐ **INTERIOR DESIGNER**

✓	TYPE OF APPLICATION	FEE
	EXAM (LARE)(ARE) 1447	\$100
	RECIPROCITY 1446	\$100
	NCARB * 1446	\$100
	CLARB ** 1446	\$100
	NCIDQ*** 1446	\$100
	LICENSE/RENEWAL FEE 1421 1422 1424	\$60/ \$60/\$60

INSTRUCTIONS: *National Council of Architectural Registration Boards (NCARB), **National Council of Interior Design Qualification (NCIDQ), and ***Council of Landscape Architectural Registration Boards (CLARB) applicants need only to complete pages 1 and 4 and have the organization forward your record to this office. All reciprocal applicants must complete all pages and have your transcripts forwarded to the office. Architect examinees with Intern Development Program (IDP) records must have NCARB forward their completed IDP record to this office.

NOTICE: This application is a public record for purposes of the Maine Freedom of Access Law, 1 MRSA §401, et.seq. Public records must be made available to any person upon request. Your application for licensure is a public record and information that you supply as part of the application (other than your social security number) is public information. Other licensing records to which this information may later be transferred will also be considered public records. Your name, license number and the mailing address listed on your application will be available to the public and may be posted on our website.

NAME:

LAST

FIRST

MI

DATE OF BIRTH: ____ / ____ / ____ **LEGAL RESIDENCE:** _____

M D Y

CITY

STATE

MAILING ADDRESS: BUSINESS NAME _____

ST or P.O. BOX

CITY

STATE

ZIP

PHONE: () (W) PHONE: () (H)

SOCIAL SECURITY #: _____

The following statement is made pursuant to the Privacy Act of 1974§7(B). Disclosure of your Social Security Number is mandatory. Solicitation of your Social Security Number is solely for Tax Administration purposed pursuant to 36 M.R.S.A §175 as authorized by the Tax Reform Act of 1975 (42U.S.C.§405(C)(2)(C)(I). Your Social Security Number will be disclosed to the State Tax Assessor or an authorized agent for use in determining filing obligations and tax liability pursuant to Title 36 Maine Revised Statutes. No further use will be made of your Social Security Number and it shall be treated as confidential tax information pursuant to 36 M.R.S.A. §191.

1. If applying by reciprocity, with which state are you applying?
(Enclose Certificate of Good Standing) _____
2. Do you hold a license in any other state? ☐ YES ☐ NO
3. Have you ever had a license refused or revoked in any State? ☐ YES ☐ NO
4. If yes, Name of State: _____ Explain: _____
5. Have you ever been convicted of any crime by any court? ☐ YES ☐ NO
If yes, please list date(s), crime(s) and submit a copy of the court judgment(s) as well as a letter from you explaining the circumstances surrounding your conviction.

**MAINE STATE BOARD FOR LICENSURE OF ARCHITECTS
LANDSCAPE ARCHITECTS AND INTERIOR DESIGNERS**

Application for Licensure & Examination

PAGE 2 - Practical Experience

Name in Full:

Full Name & Complete Address Of Current Employer	Dates of Employment Give Month & Year	Total Time Employed Part* Full Time Time		General Practice	Teaching & Research	Public Service	Other - Explain*
	From						
	To						
	From						
	To						
	From						
	To						
	From						
	To						
	From						
	To						
	From						
	To						
	From						

*If part-time work is noted, state average number of hours per week. ** If "other" kinds of work are noted, describe.

**MAINE STATE BOARD FOR LICENSURE OF ARCHITECTS
LANDSCAPE ARCHITECTS AND INTERIOR DESIGNERS
Application for Licensure & Examination**

PAGE 3 - Education

Name in Full:

Colleges, Universities, Technical Schools	Dates of Attendance (From – To)	Degrees

**** Reciprocal and exam applicants please attach an official copy of your transcript****

REFERENCES

Name three professionals who are personally acquainted with your abilities, experience and performance. Please make sure addresses are complete and current.

1

2

3

PAGE 4 - Signatures

**MAINE STATE BOARD FOR LICENSURE OF ARCHITECTS
LANDSCAPE ARCHITECTS AND INTERIOR DESIGNERS
Application for Licensure & Examination**

Name in Full:

Affidavit & Notarization	
The undersigned, being duly sworn, upon his/her oath deposes and says that he/she is the person making the foregoing statements and that they are made in good faith and are true in every respect.	
	Signature of Applicant
State of:	
County of:	

I, _____,
a Notary Public in and for said County , in the State aforesaid,
DO HEREBY CERTIFY that

Personally known to me to be the same person whose name is
subscribed to the foregoing instrument, appeared before me this
day in person, and acknowledged that he signed, sealed and
delivered the said instrument as his free and voluntary act, for the
uses and purposes therein set forth.

GIVEN UNDER MY HAND AND NOTARIAL

THIS DAY OF / /

NOTARY PUBLIC

MY COMMISSION EXPIRES:

NOTARIAL SEAL

AFFIX PHOTO HERE
(BUST ONLY)